

POSITION	ID NO.	DATE
CLASSIFIER	37	10/23/97
EXAMINER	45085	10/15/97
TYPIST	45085	10/15/97
VERIFIER	45085	10/18/97
CORPS CORR.		
SPEC. HAND		
FILE MAINT.		
DRAFTING		

INDEX OF CLAIMS

Claim	Date
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SYMBOLS

✓	Rejected
✗	Allowed
(Through number)	Cancelled
+	Restricted
Δ	Continued
Δ	Interference
A	Appeal
O	Objected

Claim	Date
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